

CLAIMS ONLY							Application Number <i>10/661,798</i>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend				Indep
1	/					51				
2	/					52				
3	/					53				
4	/					54				
5	/					55				
6	/					56				
7	/					57				
8	/					58				
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40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	3					Total Indep				
Total Depend	12	←	←	←		Total Depend	←	←	←	
Total Claims	15					Total Claims				